

**ARIZONA STATE BOARD OF NURSING  
CERTIFIED NURSING ASSISTANT  
EXAM / ENDORSEMENT APPLICATION INSTRUCTIONS  
REQUIREMENTS FOR CERTIFICATION IN ARIZONA**

**BY EXAM**

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 10-13)
  - Complete an application for Certified Nursing Assistant Examination – Mail application and fee to **D&S Diversified Technology Testing Company**. (see pages 7-8)
  - Pass the written and manual tests
  - Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
  - Pay fees (optional) (see page 2)
  - Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given to you until the investigation is done. This may take 4 to 6 months.
  - Within 2 years after you complete your nursing assistant training program provide:
    - a. A copy of the “certificate of completion” of a nursing assistant program that Arizona State Board of Nursing has approved (or letter from the program)
- OR**
- b. Proof of completing a 120 hour nursing assistant program approved by another state / territory
- OR**
- c. Proof of completing a 75 hour nursing assistant program approved by another state / territory
- AND**
- Proof of working as a nursing assistant for an additional 45 hours
- OR**
- d. Proof of graduation from an approved RN or LPN program or holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona ( takes written test only)

**NOTE:** Applicants who have not taken the CNA exam within 2 years of their training and can show proof that they worked as a nursing assistant for 160 hours every 2 years, since they completed a state approved nursing assistant program, may take the CNA test. Example: An applicant took their initial training in 2003 and never took the exam, needs to show they worked 160 hours between 2003 and 2005, and 160 hours between 2005 and 2007. **This may be validated in a letter signed by the employer.**

**BY ENDORSEMENT**

(Transferring from another state)

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 10-13)
  - Proof of current certification in another state. **You must submit the form (see page 4) to your current state of certification.** (includes proof of passing tests) Some states charge a fee for proof of certification. Check with the state in which you are registered / certified to find out the fee you must pay **BEFORE** sending the proof of registration form. You **must** be active and in good standing to obtain endorsement in Arizona. The state will return the proof of registration form directly to the Arizona Board.
  - Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
  - Pay fees for certification (see page 2)
  - Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given until the investigation is done. This may take 4 to 6 months.
  - Provides proof of completing one of the following:
    - a. Copy of the “certificate of completion” of a nursing assistant program approved by Arizona State Board of Nursing (or letter from the program)
- OR**
- b. Proof of completing a 120 hour nursing assistant program approved by another state / territory
- OR**
- c. Proof of completing a 75 hour nursing assistant program approved by another state / territory
- AND**
- Proof of working as a nursing assistant for an additional 45 hours
- OR**
- d. Proof of graduation from an approved RN or LPN program or holds a RN/LPN license or meets educational requirements for RN/LPN license in Arizona
- Is active on a nursing assistant register in another state **and** meets one of the following:
  - a. Is currently working in nursing doing nursing assistant activities even if the job description or title does not say certified nursing assistant
- OR**
- b. Has worked as a nursing assistant for at least 160 hours within the past 2 years
- OR**
- c. Has completed a nursing assistant training program and passed the required exam within the past 2 years

## **FEES**

### **BY EXAM**

- Optional fee of \$40 for wallet size, pink-colored paper certificate. If the \$40 is **not included** with your application, the Board will assume you **do not** want a document

### **BY ENDORSEMENT**

- Fee is \$50

- Do not send cash. You may send a money order or check. All personal checks **must** be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. Purchase Orders from facilities are not accepted.
- All fees are non-refundable.
- A \$50 fee will be charged for checks returned because of insufficient funds.

## **FINGERPRINTING**

According to A.R.S. § 32-1606(B)(16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. **A fingerprint card will be mailed to you after we receive your application. It is important for you to use that specific fingerprint card because we have Arizona State Board of Nursing information printed on the card.** It can take 3 to 4 weeks to receive fingerprint results from the FBI. You will not be certified until the FBI results are received.

## **FELONY CONVICTIONS**

According to A.R.S. § 32-1646(B), an applicant for nursing assistant certification is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

## **TEMPORARY CERTIFICATION**

Applicants may apply for temporary certification if the following steps are met:

### **BY EXAM**

- Proof of satisfactorily completing a nursing assistant training program that meets Board requirements

### **BY ENDORSEMENT**

- Verification of current certification in another state

### **In addition – For Both Exam and Endorsement**

- Applicant has submitted completed application, fingerprint card and applicable fees to the Board
- Applicant has negative state criminal history from Department of Public Safety
- Applicant has not answered “yes” to the disciplinary questions 1 and 2 on the application
- Has passed written and manual test for nursing assistants
- Submitted request for a temporary certificate and paid fees

## **TIME FRAMES FOR CERTIFICATION**

The Board is required to process applications for nursing assistant certification within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  
Time to respond: **The table following specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  
Time to respond: **The table following specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification. This time frame includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

## **CERTIFICATION TIME FRAMES TABLE**

## **For Applicants without investigation and with investigation**

Type of Certification (WITHOUT INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY EXAMINATION	R4-19-806	150 days	30 days	270 days	120 days	150 days
Type of Certification (WITH INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY EXAMINATION	R4-19-806	270 days	30 days	270 days	240 days	150 days
Type of Certification (WITHOUT INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY ENDORSEMENT	R4-19-807	150 days	30 days	270 day	120 days	150 days
Type of Certification (WITH INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY ENDORSEMENT	R4-19-807	270 days	30 days	270 days	240 days	150 days

For more information, regarding time frames for nursing assistant certification, consult A.A.C. RC-19-102. For assistance with the application process, contact **Helen Tay at (602) 889-5189**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant certification, you must submit a new application and applicable fees.

To obtain an application for  
CNA Exam/Endorsement  
go to our Website and download an application.  
[www.azbn.gov](http://www.azbn.gov)

Arizona State Board of Nursing  
4747 N. 7<sup>th</sup> St., Suite 200  
Phoenix, AZ 85014-3653  
Phone: 602-889-5150 Fax: 602-889-5155  
E-mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)

## PROOF OF NURSE AIDE REGISTRATION

Send this completed form to the STATE AGENCY where you are currently certified/registered.  
(Addresses and phone numbers listed below)

### PART I: To be completed by the nursing assistant. PRINT CLEARLY.

NAME:	Last	First	Middle	Maiden Name or Other Names Used	
Address:	Number & Street		City	State	Zip
Social Security Number:		Date of Birth		(Area Code) Telephone No.	
State Of Current Certification:		Certification Number:		Date of Issue:	
NURSE AIDE TRAINING PROGRAM: Provide Name of School or Program, City & State				Date Completed	

### PART II: To be completed by the STATE AGENCY where you are currently certified/registered. \* If you are certified in California, Colorado, District of Columbia, Georgia, Illinois, Maryland, Michigan, Mississippi, Missouri, Nebraska, New York, Oregon, Pennsylvania, North Carolina, South Carolina, Texas, and Wisconsin verifications, fill in Part I only and return this form with your application to Arizona State Board of Nursing.

1. This individual is listed on the Nurse Aide Register and has met all relevant federal requirements under OBRA '87 and '89:

☐ Yes Certification/Registration #: \_\_\_\_\_ Expires: \_\_\_\_\_  
☐ No Date of Issue: \_\_\_\_\_

2. Method of Registration (*Check All That Apply*)

- ☐ Deemed to the Registry without competency evaluation  
☐ Registered by Endorsement from the State of \_\_\_\_\_  
☐ Completed a State-Approved, training program of \_\_\_\_\_ hours  
☐ Passed a State-Administered competency evaluation  
☐ Not Available

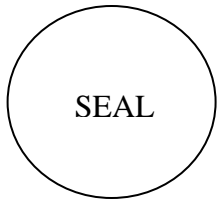
3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?

- ☐ Yes, please explain  
☐ No

4. Is there documentation of a felony conviction in a court of law?

- ☐ Yes, please explain  
☐ No  
☐ Not Available

It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

Date	Nurse Aide Registry Representative	Title
	Agency	Telephone #
	City	State Zip

ARIZONA STATE BOARD OF NURSING ♦ NURSING ASSISTANT REGISTRATION PROGRAM  
4747 N. 7<sup>th</sup> ST., SUITE 200 ♦ PHOENIX, AZ ♦ 85014-3653 ♦ (602) 889-5150 ♦ FAX (602) 889.5155  
Website: [www.azbn.gov](http://www.azbn.gov)

## CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION

### **ALABAMA**

AL Dept of Public Health  
Nurse Aide Program  
PO Box 303017  
Montgomery, AL 36130  
334.206.5169

### **ALASKA**

Dept of Comm & Econ Dev  
550 W 7<sup>th</sup> Ave, #1500  
Anchorage, AK 99501  
907.269.8169

### **ARIZONA**

AZ State Board of Nursing  
4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
602.889.5150

### **ARKANSAS**

Office of Long Term Care  
PO Box 8059, Slot S407  
Little Rock, AR 72203  
501-682-8551 (f)  
501-682-8487

### **\*CALIFORNIA**

CNA/HHA/CHT Cert Unit  
ATCS-MS 3301  
PO Box 997416  
1615 Capitol Ave  
Sacramento, CA 95899  
916-552-8893

### **\*COLORADO**

CO Board of Nursing  
1560 Broadway, #880  
Denver, CO 80202  
303.894.2431

### **CONNECTICUT**

CT Dept of Public Health  
410 Capitol Ave,  
MS#12MQA  
PO Box 340308  
Hartford, CT 06134-0308  
860.509.7596

### **DELAWARE**

Health Facilities Lic & Cert  
3 Mill Rd, #308  
Wilmington, DE 19806  
302.577.6666  
Verify: 888-204-6179

### **\*DIST. OF COLUMBIA**

DC Board of Nursing  
717 14<sup>th</sup> St, NW, #600  
Washington, DC 20005  
202-724-4900

### **FLORIDA**

FL Dept of Health  
MQA/CNA Program  
4052 Bald Cypress Way  
BIN#C-13  
Tallahassee, FL 32399  
850-245-4567

### **\*GEORGIA**

GA Hlth Partn, NS Registry  
1455 Lincoln Parkway, #750  
Atlanta, GA 30346-2200  
678.527.3010  
800.414.4358

### **HAWAII**

HI Dept of Commerce &  
Consumer Affairs-Lic Branch  
PO Box 3469  
Honolulu, HI 96801  
808.739.2101, ext 122

### **IDAHO**

ID State NA Registry  
PO Box 83720  
Boise, ID 83720-0036  
208-334-6620 or 208-334-6629  
800.748.2480

### **\*ILLINOIS**

IL Dept of Public Health  
525 W Jefferson St  
Springfield, IL 62761  
217.785.5133

### **INDIANA**

IN Dept of Hlth, Div of LTC  
2 N Meridian St, Sec 4B  
Indianapolis, IN 46204  
317-233-7479

### **IOWA**

IA Dept of Insp & Appeals  
NA Registry  
Lucas State Office Building  
Des Moines, IA 50319  
515-281-4077  
866-876-1997

### **KANSAS**

KS Dept of Health & Envmt  
1000 SW Jackson, #330  
Topeka, KS 66612-1365  
Verify: 785.296.6877

### **KENTUCKY**

KY Bd of Nurs, NA Registry  
312 Whittington Pkwy, 300-A  
Louisville, KY 40222  
502.329.7047

### **LOUISIANA**

LA State Bd of Exam for Nurs  
Facility Admin, NA Registry  
5647 Superior Dr  
Baton Rouge, LA 70816  
225.295.8575

### **MAINE**

ME Registry of CNAs  
State House Station #11  
442 Civic Center Dr  
Augusta, ME 04330  
207.287.9310

### **MARYLAND**

MD Board of Nursing  
4140 Patterson Ave  
Baltimore, MD 21215-2299  
410.585.1918

### **MASSACHUSETTS**

MA Nurse Aide Registry  
Div of Hlth Care Quality  
Dept of Public Health  
99 Chauncy St, 2<sup>nd</sup> Fl  
Boston, MA 02111  
617.753.8000

### **\*MICHIGAN**

MI Dept of Community Health  
PO Box 30670  
Lansing, MI 48909  
Verify: 800.748.0252

### **MINNESOTA**

MN NA Registry  
85 E 7<sup>th</sup> Place, #300  
PO Box 64501  
St. Paul, MN 55164-0501  
651.215.8705  
800.397.6124-MN only

### **\*MISSISSIPPI**

MS State Dept of Health  
570 E Woodrow Wilson, #200  
Jackson, MS 39216  
601.576.7300  
Verify: 888.204.6215

### **MISSOURI**

MO Div of Health Standards &  
Licensure  
PO Box 570  
3418 Knipp  
Jefferson City, MO 65102  
573.751.3082  
Verify: 573.526.5686

### **MONTANA**

MT Dept of Pub Hlth & Human  
Services - Certification Bureau  
2401 Colonial Dr, 2<sup>nd</sup> Fl  
Helena, MT 59620-2953  
406.444.4980

### **\*NEBRASKA**

NE Hlth & Hum Svcs System  
Dept of Reg & Licensure  
PO Box 94986  
Lincoln, NE 68509-4986  
402.471.4971-General  
402.471.0537-Registry

### **NEVADA**

NV Board of Nursing  
2500 W Sahara, #207  
Las Vegas, NV 89102-4392  
702-486-5800 or 888-590-6726

### **NEW HAMPSHIRE**

NH Board of Nursing  
21 S Fruit Street, #16  
Concord, NH 03301-2431  
603.271.8282 or  
603.271.2323  
Verify: 603.271.6599

### **NEW JERSEY**

NJ Dept of Health & Sr Svcs  
PO Box 367  
Trenton, NJ 08625-0367  
609.633.9171  
Verify: 800.274.8970

### **NEW MEXICO**

2040 S. Pacheco Street  
2<sup>nd</sup> Floor, Rm 413  
Santa Fe, NM 87505  
505.476.9039  
505.827.1453 automated

### **\*NEW YORK**

NY State Dept of Health  
161 Delaware Ave  
Delmar, NY 12054-1393  
518.478.1060  
Verify: 800.918.8818

### **\*NORTH CAROLINA**

NC Dept of Hlth/Hum Svcs  
2709 Mail Service Ctr  
Raleigh, NC 27699-2709  
919.855.3969  
Verify: 919.715.0562

### **NORTH DAKOTA**

OBRA Mandated Registry  
ND Dept of Health  
600 E Boulevard Ave  
Bismarck, ND 58505-0200  
701.328.2675

ND Board of Nursing  
919 S 7<sup>th</sup> Street, #501  
Bismarck, ND 58504-5881  
701.328.9777

### **OHIO**

OH Dept of Health  
246 N High St, 3<sup>rd</sup> Floor  
Columbus, OH 43215-2412  
800.582.5908-OH only  
614.752.9500

### **OKLAHOMA**

OK State Dept of Health  
NA Registry  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117  
405-271-4085  
800-695-2157

### **OREGON**

OR State Board of Nursing  
800 NE Oregon St, #465  
Portland, OR 97232  
971-673-0685  
971-673-0684 (fax)  
Verify: 971-673-0679

### **\*PENNSYLVANIA**

PA Nurse Aide Registry  
C/O Promissor  
PO Box 13785  
Philadelphia, PA 19101  
800.852.0518

### **RHODE ISLAND**

RI Dept of Hlth, Hlth Profes  
3 Capitol Hill, #105  
Providence, RI 02908  
401.222.5888

### **\*SOUTH CAROLINA**

SC Nurse Registry  
3 Bala Plaza West, #300  
Philadelphia, PA 19101  
800.475.8290

### **SOUTH DAKOTA**

SD Board of Nursing  
4305 S Louise, #201  
Sioux Falls, SD 57106  
605.362.2769

### **TENNESSEE**

TN Dept of Health  
425 Fifth Ave North 1<sup>st</sup> Fl  
Nashville, TN 37247-0508  
615.532.3202  
Verify: 615-741-7670  
888.310.4650

### **TEXAS**

Dept of Human Services  
PO Box 149030, MCY977  
Austin, TX 78714-9030  
512.231.5829  
800.452.3934

### **UTAH**

UT Hlth Tech Cert Center  
550 East 300 South  
Kaysville, UT 84037-2699  
801.547.9947

### **VERMONT**

VT State Board of Nursing  
81 River St, Drawer 09  
Montpelier, VT 05609  
802.828.2819 or  
802.828.2453  
800-439-8683-VT only

### **VIRGIN ISLANDS**

VI Board of Nurse Lic  
PO Box 304247  
Veterans Drive Station  
St. Thomas, VI 00802  
340.776.7397

### **VIRGINIA**

VA Board of Nursing  
6603 W Broad St, 5<sup>th</sup> Fl  
Richmond, VA 23230  
804.662.7310

### **WASHINGTON**

OBRA NA Registry  
640 Woodland Square  
Loop SE  
PO Box 45600  
Olympia, WA 98504  
360.725.2596

### **WEST VIRGINIA**

Off of Hlth Fac Lic & Cert  
350 Capital St, #206  
Charleston, WV 2530  
304.558.0688

### **\*WISCONSIN**

WI NA Registry  
PO Box 13785  
Philadelphia, PA 19101  
877.329.8760

### **WYOMING**

WY Board of Nursing  
1810 Pioneer Ave  
Cheyenne, WY 82001  
307-777-7601  
Verify: 877-626-2681

**\*These states do not fill out verification forms. If your verification is from one of the 13 states with an \*, please complete Part I only and return the verification form to ASBN along with your application.**

**D&S DIVERSIFIED TECHNOLOGIES**

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-8512355 — FAX 419-422-8328 — www.hdmaster.com

**ARIZONA CERTIFIED NURSING ASSISTANT (CNA) EXAMINATION APPLICATION (forms 1101 & 1402)****INSTRUCTIONS: (Also see www.hdmaster.com)**

1. **DO NOT** mail this D&S Diversified Technologies CNA Examination Application to the Arizona State Board of Nursing (AZBN)
2. **Complete** front and back sides of this CNA Examination Application.
3. **Send** this completed application **with payment** to D&S Diversified Technologies, P.O. Box 418 Findlay, OH 45839-0418
4. You **must include** proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program **and** proof of employment as a NA **if** your NA training is more than 24 months old.

**NOTE: Facilities MAKE ALL CHECKS PAYABLE TO D&S DIVERSIFIED TECHNOLOGIES.****Candidate Personal checks are NOT accepted.**

***Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)***

- ☐ This application is filled out **completely** (front and back) and **signed** where required.
- ☐ **Exam payment** is included with the testing application.
- ☐ **I have attached proof of my NA training to this application and proof of employment as a NA if my training is older than 24 months.**
- ☐ **I have also completed the Arizona State Board of Nursing Application and sent that application to the AZBN.**

**Candidate Information: (form 1101) Print clearly (Use Ink) or Type** (high volume users on-line registration is available at www.hdmaster.com)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Mandatory. Your SS number will only be shared with the Arizona State Board of Nursing)

Applicant's Name \_\_\_\_\_

Last

First

MI

Maiden/Former Name

Mailing Address (Street) \_\_\_\_\_ Apartment# \_\_\_\_\_ or PO Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Message/Work Phone \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(Mandatory)

Providing your email address is your authorization for us to use it for confirmation and results letters

**I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months or I have completed an AZBN approved training program more than 2 years ago and I have attached proof of employment to show that I have performed nursing assistant duties during every 24 month period since completing the training program.**

Program Code # \_\_\_\_\_ Program Name \_\_\_\_\_

(On Certificate)

City \_\_\_\_\_ Date Completed \_\_\_\_\_ Contact Person \_\_\_\_\_

**If facility is paying for your test, this section must be completed by Nursing Supervisor.**

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

Signature of Nursing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

The written test is also available in Spanish. If you desire your written test to be in Spanish place an X in this box. ☐The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box. ☐**Checking both boxes will mean you are requesting an oral written test in Spanish.**

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation or rescheduling fees incurred as described in the Arizona candidate handbook.

Candidate Signature \_\_\_\_\_

**Candidate MUST sign to verify acceptance (unsigned applications will be returned)**

Date \_\_\_\_\_

**Please call the Findlay office if you don't get an e-mail or mail response within ten days.**

**D&S DIVERSIFIED TECHNOLOGIES**  
PO BOX #418, FINDLAY, OH 45839-0418  
TOLL FREE 877-8512355 — FAX 419-422-8328 — [www.hdmaster.com](http://www.hdmaster.com)

**TESTING OPTIONS:** Only use Option 1 or Option 2, **never both.**

**Testing Option 1: Regional Test Sites** – Application must be received at least ten days before first requested test date.

**1<sup>st</sup> Choice Test Date:** (From published 1700 AZ Test Schedule)

**2<sup>nd</sup> Choice Test Date:** (From published 1700 AZ Test Schedule)

<hr/>	<hr/>	<hr/>	<hr/>
4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
<hr/>	<hr/>	<hr/>	<hr/>
Test Month	Test Date	Test Month	Test Date

**Testing Option 2: In-Facility Test Sites**

(A CNA instructor must complete this section. The training program must be an AZBN/D&SDT certified test site to use this option.)  
(High volume users may use Internet electronic application submission. Call 877-851-2355 for WEBETEST® application options and training.)

Name of Site \_\_\_\_\_ 4 Digit Test Site # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person E-Mail \_\_\_\_\_

Pre-scheduled Test Observer \_\_\_\_\_ ID# \_\_\_\_\_

Date of Testing \_\_\_\_\_ Start time for Testing: \_\_\_\_\_ AM flight start \_\_\_\_\_ PM flight start

Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exam Types and Fee Payment: (form 1402)**

# Requested	Tests / Service Requested	Self-Pay Candidates	Skilled Nursing Facility Rate Only	Totals
	Written test or written retake	\$20.00	\$11.06ea	
	Skill test or skill retake	\$65.00	\$35.95ea	
	Oral and Written test or retake <b>CIRCLE -- ENGLISH OR SPANISH</b>	\$30.00	\$16.59ea	
	Priority Fax Service	\$5.00	\$5.00ea	
	Overnight Shipping	\$19.50	\$19.50	
	Express Service Fee	\$15.00	\$15.00ea	
	No Show	No Refund	\$40.00	
	Reschedule	\$35.00	\$35.00	

**Grand Total:** \_\_\_\_\_

<b>Check method of payment:</b> <input type="checkbox"/> Check (Facility Only) <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Card #: _____	Expiration Date: _____ Authorized Signature: _____
Print name as it appears on your credit card: _____	

**ADA ACCOMMODATION**

**I need special accommodation under the Americans with Disabilities Act.** To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at [www.hdmaster.com](http://www.hdmaster.com) or call D&SDT 877-851-2355.

OFFICIAL USE ONLY: Site _____ Packet# _____ Test Date _____ Scheduler _____
-----------------------------------------------------------------------------



Save yourself time  
& frustration...

## CNA Examination & Endorsement Applicants

Check these areas **before** returning your application.

**ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED  
OPTIONAL**

### EXAMINATION APPLICANTS

- ☐ Your application is in black ink
- ☐ \$40 **Optional Examination fee** (for wallet-size pink colored card, to show you are certified as a CNA.)
- ☐ You signed & enclosed a check, pre-printed with your name & address or money order for the correct fee if you have chosen to purchase the wallet-sized pink colored paper certificate
- ☐ You answered ALL QUESTIONS
- ☐ You signed the application
- ☐ A fingerprint card will be mailed to you after we receive your application
- ☐ Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer to validate you have worked 45 hours as a nursing assistant within the past 24 months.

### ENDORSEMENT APPLICANTS

*Endorsement is when a CNA from another state is requesting certification in Arizona.*

- ☐ Your application is in black ink
- ☐ \$50 **Mandatory Endorsement fee** (wallet-size pink colored paper certificate is included in this fee)
- ☐ You answered ALL QUESTIONS
- ☐ Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer must be sent to the Board to validate you have worked 45 hours as a nursing assistant within the past 24 months if your certificate is less than 2 years old. Otherwise you must have practiced 160 hours in the past 2 years.
- ☐ You signed the application
- ☐ A fingerprint card will be mailed to you after we receive your application

### ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AS	AMERICAN SAMOA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NORTH CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NORTH MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

Read the instructions for more details  
on these reminders.

Thank you!





**ARIZONA STATE BOARD OF NURSING**  
**CERTIFIED NURSING ASSISTANT**  
**CERTIFICATION BY EXAM OR ENDORSEMENT**

**SELECT ONE:**

- ☐ Certification by **Examination** (complete sections 1-12 & A)  
☐ Certification by **Endorsement** (complete sections 1-12 & B)

\* A fingerprint card must be submitted (included)  
\* Check the instructions for appropriate fees  
\* Processing can take 1-2 months for permanent certification

**PLEASE PRINT ALL INFORMATION WITH CAPITAL LETTERS**

**1. APPLICANT'S NAME**

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Former Last Name(s)	
<input type="text"/>	<input type="text"/>

**2. SOCIAL SECURITY NUMBER**

-  -

**BIRTH DATE** (month/day/year)

/  /

**SEX (optional)**

Male ☐ Female ☐

**BIRTH CITY**

**STATE**

**COUNTRY (ex. USA)**

**3. HOME ADDRESS**

Street Address Line 1		
<input type="text"/>		
Street Address Line 2	County of Residence	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. MAILING ADDRESS** (If different than Home Address)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. HOME PHONE**

(  )  -

**CELL PHONE**

(  )  -



☐

# 11. PREVIOUS EMPLOYER

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone

 (   )  - 

City

State

Zip Code

Employed from  
(month/year)

 / 

To

 / 

# 12. OPTIONAL INFORMATION

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Indian ☐ Other

## SECTION A. FOR EXAMINATION APPLICANTS ONLY

Have you ever taken the written or manual skills exam? ☐ No ☐ Yes If yes, list all dates, states, and results.

Date

 / 

State

Result:

Pass

Fail

☐
☐

Date

 / 

State

Result:

Pass

Fail

☐
☐

Do you want to purchase a wallet sized CNA certificate? ☐ No ☐ Yes

See the Instructions for certificate fee. If the fee is not included with your application the board will assume that you do not want a document. Certification can be verified on the internet at [www.azbn.gov](http://www.azbn.gov) or by calling (602) 889-5150 and pressing option 1.

## SECTION B. FOR ENDORSEMENT APPLICANTS ONLY

Check the practice requirement that you meet for certification (one box must be checked).

- ☐ I have performed nursing assistant activities for a minimum of 160 hours within the past 24 months. **OR**  
☐ I have completed a CNA training course in the past two years. **OR**  
☐ I have not performed nursing assistant activities for a minimum of 160 hours within the past 24 months.

Have you previously filed an application in Arizona?

☐ No

☐ Yes

If yes, what year?

Did you apply for certification with a different last name?

☐ No

☐ Yes

If yes, write the name you applied with:

First Name

Middle Name

Last Name



## DISCIPLINARY QUESTIONS

1. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate, or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, **include** a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

**Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

2. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any **felony** or undesignated offense?

☐ No ☐ Yes

If yes, **provide a written explanation of the details** of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

**NOTE:** If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE  
PROCESSING OF YOUR APPLICATION

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## VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

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Applicant's Signature

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Date

CNED

RETURN TO: **ARIZONA STATE BOARD OF NURSING**  
4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
Phone: (602) 889-5150 Fax (602) 889-5155  
Our Website: [www.azbn.gov](http://www.azbn.gov)

